

ROBERT E. ATKINSON, M.D., INC.
ORTHOPEDIC AND HAND SURGERY
ARTHRITIS SURGERY

THE QUEEN'S PHYSICIAN OFFICE BUILDING I
1380 LUSITANA STREET, SUITE 803
HONOLULU, HAWAII 96813-2492
TELEPHONE (808) 521-8128 FAX (808) 524 8824

January 19, 2006

Attn Patricia M Napier
Goodsill, Anderson, Quinn and Stifel Law Firm
P O. Box 3196
Honolulu, Hawaii 96801

RE	Claypool, Dennis
Employer	Captain Andy Sailing, Inc
Date of Injury	July 20, 2004 (on Kauai - right arm)

INDEPENDENT MEDICAL EVALUATION AND IMPAIRMENT RATING:

Dear Ms. Napier,

I. IDENTIFICATION OF PROBLEM AND REASON FOR REFERRAL:

This patient was seen on January 19, 2006 for an Independent Medical Evaluation for his right arm injury which occurred as an injury while scuba diving on July 20, 2004. The patient was seen in my office for examination of his right arm and estimation of functional limitations

II. CIRCUMSTANCES OF THE ACCIDENT AND CURRENT COMPLAINTS (PATIENT'S STATEMENTS):

This 52-year-old right-handed male states his right arm was injured on July 20, 2004 when he was struck by a tour boat, The Spirit of Kauai, and sustained a serious injury to his right forearm with open fractures. He has had multiple surgical procedures and states that currently he is unable to supinate his right forearm (turn his palm up toward the ceiling). He also complains of limitation of motion in his elbow and wrist and states that he feels a hardness or firmness in his proximal forearm which is intermittent. He states he was a person who used his hands for a lot of mechanical activities including mechanical repairs. He states he cannot use a wrench with his right arm and he has difficulty with twisting and turning activities using his right forearm or wrist.

The patient has had multiple surgical procedures and these will be reviewed in his

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medical record review. Surgeries include two surgeries in Hawaii on Kauai performed by Doctor David Rovinsky. This included internal fixation of his radius and ulnar fractures with subsequent re-doing his internal fixation to improve his rotational alignment of the forearm fractures. The patient then was treated on the mainland and had tendon transfers performed for loss of radial nerve function. This tendon transfer procedure was done in August 2004. Subsequently the patient underwent a right iliac crest bone grafting and application of an implantable bone growth stimulator in March or April 2005 for an ununited ulnar shaft fracture.

III. REVIEW OF MEDICAL RECORDS:

Medical records were reviewed and in particular operative reports were reviewed. His initial operation done on July 20, 2004 by Doctor Rovinsky showed he had his radial shaft and ulnar shaft fractures plated with significant comminution of his fractures noted by Doctor Rovinsky at the time of surgery and his open wounds were irrigated. In his initial operative note, Doctor Rovinsky noted limited supination of his forearm.

Subsequently, on July 23, 2004 the patient went back to the operating room where a revision of internal fixation was performed on the radial shaft and ulnar shaft fractures. His fixation was re-done for both the ulnar and radial shaft fractures and the patient underwent a closure of muscle over his fractures and Doctor Rovinsky noted an injury to the posterior interosseous nerve and mentioned that the patient would require tendon transfers to regain extension of his fingers and thumb.

X-rays at the time of the injury showed normal x-rays of his right humerus and showed comminuted fractures of the proximal radius and ulna. In addition, wrist x-rays were obtained which showed no fractures or dislocations. His chest x-ray also was normal at the time of his initial presentation on Kauai at Wilcox Hospital.

The patient was seen and treated by Doctor Scott Duncan in Arizona. He underwent tendon transfers for his posterior interosseous nerve injury by Doctor Duncan. On April 27, 2005 the patient underwent bone grafting to his right ulna for a nonunion with iliac crest bone graft and placement of an implantable bone growth stimulator performed by Doctor Duncan.

Tendon transfers that were performed for the patient on August 30, 2004 included pronator teres to extensor carpi radialis brevis, flexor carpi radialis to extensor digitorum communis tendons and palmaris longus to re-routed extensor pollicis longus for thumb extension for his posterior interosseous nerve palsy.

The patient has had no other additional operative procedures since his bone grafting procedure and placement of bone growth stimulator to his ulnar shaft fracture.

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IV. PAST MEDICAL HISTORY INDEPENDENTLY OBTAINED FROM THE PATIENT BY THE EXAMINER:

Past surgical history is positive for multiple operations on his right forearm

Past medical history is unremarkable

He currently takes no medications on a regular basis at all including analgesics.

Allergies include penicillin.

Social history shows he is right-handed. He does not smoke cigarettes or drink alcohol.

V. PHYSICAL EXAMINATION AND X-RAY FINDINGS:

On examination today, he has palpable radial and ulnar pulses. He has multiple scars about the forearm and total length of scarring is 97 cm and this includes multiple scars about the forearm. Biceps and triceps strength is normal in the right upper extremity. Median and ulnar nerve sensibility is normal and ulnar innervated intrinsic strength is normal in the right hand. Finger extension is full and essentially normal strength. The patient has full passive range of motion of the fingers of the right hand but has decreased active flexion of his right ring and right small fingers as outlined on the Hand Examination Chart for this patient. His ring finger comes to within 1.5 cm pulp to palm and small finger 3 cm, pulp to palm. Wrist range of motion is restricted to 30 degrees of extension, 10 degrees of palmar flexion, absent radial deviation and absent ulnar deviation in a neutral position. Pronation of the forearm on the right is 80 degrees. Supination is -20 degrees (that is 20 degrees of pronation). Left forearm rotation includes 80 degrees of pronation and 80 degrees of supination. Grip strength is 45 pounds on the right and measured a second time 50 pounds on the right compared to 105 pounds on the left measured on the second setting of the grip meter. His skin is well healed throughout and there is no evidence of cellulitis or deep infection. He has a palpable bone growth stimulator on the ulnar aspect of his forearm.

Elbow range of motion shows a 10 degree flexion contracture and flexion to 130 degrees.

His initial x-rays at the time of his injury were reviewed. These show normal shoulder films and normal wrist films. His fracture sites were noted about the proximal radius and ulna, right forearm. Post internal fixation views from Kauai show his radius and ulna fractures fixed with compression plates with some gapping of the fracture sites of both the radius and ulna.

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Subsequent x-rays from Arizona in the Arizona Medical Imaging Network show that the patient's radial shaft fracture went on to healing. His ulnar shaft fracture appeared to be ununited and then the patient underwent placement of bone growth stimulator electrodes and an electrode stimulating pack which was placed in the soft tissues of the forearm

X-rays performed today of the wrist and proximal forearm show some degenerative changes about the wrist. In addition, his radial shaft fracture on films today appears to be healed. His ulnar shaft fracture, likewise, appears to be healing on limited forearm films today

VI. CLINICAL IMPRESSION:

- 1 STATUS POST SEVERE SOFT TISSUE INJURY, RIGHT PROXIMAL FOREARM, WITH INJURY TO RADIAL NERVE AS WELL AS OPEN FRACTURES OF THE RIGHT PROXIMAL ULNA AND RIGHT PROXIMAL RADIUS.
- 2 THE PATIENT HAS HAD MULTIPLE OPERATIVE PROCEDURES INCLUDING INTERNAL FIXATION OF HIS RADIUS AND ULNA, BONE GRAFTING TO HIS ULNAR NONUNION AND PLACEMENT OF A BONE GROWTH STIMULATOR.
3. HIS FOREARM FRACTURES APPEAR TO BE HEALED.
- 4 THE PATIENT, IN ADDITION, UNDERWENT TENDON TRANSFERS TO REGAIN EXTENSOR FUNCTION FOR HIS RIGHT THUMB AND FINGERS OF THE RIGHT HAND.

VII. RECOMMENDATIONS, DISCUSSION, AND ANSWERS TO THE QUESTIONS POSED IN YOUR LETTER:

- 1 His injuries are listed above. He underwent bony and soft tissue injuries of the right forearm as well as an injury to the posterior interosseous nerve and extensor musculature of the right forearm. His nerve and muscle injuries were addressed with tendon transfers in Arizona and his bony injuries have been treated with plate fixation and subsequent bone grafting of his right ulnar nonunion.
2. His current status is listed above including range of motion. The patient has significant functional loss of forearm supination, wrist range of motion and finger range of motion (in particular right ring and small finger flexion arc of motion). Sensory examination in the median and ulnar nerves is normal and motor function of the median and ulnar nerves is normal in the right forearm.
- 3 The patient will need continued follow up on an intermittent basis for his right forearm. I do not believe he will need further surgical treatment except to remove

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- the bone growth stimulator from his right forearm. The patient would also be a possible candidate for a surgical procedure to try to improve his rotational supination of the right forearm but I counseled the patient that the risks of this procedure would perhaps outweigh benefits of improved motion in the right forearm. I counseled the patient during his exam that I did not think any further attempt should be made to improve his forearm or wrist range of motion.
4. Mr. Claypool's prognosis is fair to good. He will be unable to use his right arm for heavy mechanical activities including hammering, using wrenches and heavy gripping or climbing activities. He will be able to do desktop activities and light office based activities with his right arm and hand. A Functional Capacity Evaluation performed by an occupational therapist or rehabilitation center will aide in pinpointing the patient's current functional level and functional limitations.

If I can answer any further questions, please do not hesitate to contact my office. The examination of the patient and preparation of the report required an hour and a half of time.

Yours sincerely,

Robert E. Atkinson, M.D.

REA mk

Dict: January 26, 2006

Trans: January 28, 2006

Enclosure: Hand Examination Chart